

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 233  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Dental Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Bryan Joseph Shanahan**

Mailing Address 1130 N Conifer Rd

City

State

Zip Code

Flagstaff

AZ

86001-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787778**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel W Fridh**

Mailing Address 3633 W Waverly Rd

City

State

Zip Code

La Porte

IN

46350-7984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787784**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Anand V Rao**

Mailing Address 1845 Walnut Street

City

State

Zip Code

Philadelphia

PA

19103-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

**Transaction ID : 12787789**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00